



Examination Request Form

Michigan Department of Licensing and Regulatory Affairs

Bureau of Fire Services

Fire Fighter Training Division

Email: LARA-BFS-SMOKE@michigan.gov

Telephone: 517-241-8847 Fax: 517-332-4054

Before submitting this form, you **must** schedule the written and practical examination (firefighter and fire instructor exams) dates with your training coordinator. This form must be received in the Bureau of Fire Services' Lansing office at least **six (6) weeks prior** to the examination date. Hazardous Materials and Driver's Training exams will be mailed to the instructor of record's address as listed in the SMOKE program.

Important - The number of test candidates cannot be changed after submittal of your examination request. To minimize problems, we strongly recommend that you wait until approximately eight (8) weeks prior to the examination date to submit.

If you have questions, please contact the region coordinator for your region. Please mail, email, or fax this form to the address listed above.

Dan Hammerberg, Region 1 Coordinator

Phone: 906-399-4399

Email: HammerbergD@michigan.gov

TJ Richardson, Acting Region 2 Coordinator

Phone: 517-285-6803

Email: RichardsonT14@michigan.gov

Training Coordinator Proctoring Examination:		Course Number:	
Instructor of Record (include PIN number):		Daytime Telephone Number (include area code):	
Course Manager (include PIN number):		Daytime Telephone Number (include area code):	
Written Examination Date:	Time:	Name of Facility:	
Practical Examination Date:	Time:	Name of Facility:	

FF I	Students	Re-Tests	Challenges	# of Readers	Total Written Exams	Practical Exams
Written Exam						

FF II	Students	Re-Tests	Challenges	# of Readers	Total Written Exams	Practical Exams
Written Exam						

FF I & II	Students	Re-Tests	Challenges	# of Readers	Total Written Exams	Practical Exams
Written Exam						

Instructor 1	Students	Re-Tests	Total Written Exams	Instructor 2	Students	Re-Tests	Total Written Exams

Hazardous Materials Operations	Total Written Exams	Driver's Training	Total Written Exams

Signature of Instructor of Record:

DO NOT WRITE BELOW THIS LINE - FOR FFTD USE ONLY

Copy emailed to Regional Coordinator	Copy emailed to Training coordinator	Exams shipped to Training Coordinator
Date <input style="width: 80px;" type="text"/> Initials <input style="width: 80px;" type="text"/>	Date <input style="width: 80px;" type="text"/> Initials <input style="width: 80px;" type="text"/>	Date <input style="width: 80px;" type="text"/> Initials <input style="width: 80px;" type="text"/>

* This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.